

2164

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		
District of <u>1</u>	ORIGINAL CERTIFICATE OF BIRTH		
Town of <u>San Pedro</u>	State Index No. <u>142</u>		
or	County Registrar No. <u>248</u>		
City of _____	Local Registrar No. <u>7</u>		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Jelverto Gonzales</u>			
3. Sex of Child <u>Male</u>			
4. Twin, triplet or other _____			
5. Legitimate? <u>Yes</u>			
6. Date of birth <u>Mar 11 1924</u>			
7. Month day year			
8. FATHER		14. MOTHER	
Full name <u>Juan Gonzales</u>		Full maiden name <u>Elenada Arias</u>	
9. Residence <u>San Pedro</u>		15. Residence <u>San Pedro</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>43</u> (Years)		17. Age at last birthday <u>24</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Sonora</u>	
(State or country) <u>Sonora</u>		(State or country) <u>Mexico</u>	
13. Occupation <u>Ray Consolidated Corp</u>		19. Occupation <u>House Wife</u>	
Nature of industry <u>Labourer</u>		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>3</u>			
(b) Born alive but now dead <u>1</u>			
(c) Stillborn <u>0</u>			
21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Signature <u>Dr. R. Winslow</u>			
Address <u>Rayden, Ariz</u>			
Given name added from _____			
a supplemental report _____			
Month, day, year. _____			
Registrar. _____			
Filed <u>Mar 13 1924</u>			
Filed <u>4-9 1924</u>			
Local Registrar. <u>B. W. Gray</u>			
County Registrar. _____			

172-311-513